



Barbados Teachers'  
Co-operative Credit Union Ltd.

## **ADDRESS VERIFICATION FORM**

**Official Use only**

Member Account #: \_\_\_\_\_

Date of application: \_\_\_\_\_

Signature: \_\_\_\_\_

**DETAILS OF MEMBER(S):**

Name (s): \_\_\_\_\_

Type of Product/Service: \_\_\_\_\_

Proposed address: \_\_\_\_\_

\_\_\_\_\_

Contact #s (Home/Work/Cell): \_\_\_\_\_

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**PARENT/HOME-OWNER/LANDLORD:** \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_

ID #: \_\_\_\_\_

Contact #s (Home/Work/Cell): \_\_\_\_\_

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**DECLARATION:**

I \_\_\_\_\_ (Parent/Home-Owner/Landlord) hereby confirm that the above-captioned applicant resides at my address or property. I also declare that the information provided by me in this form is correct and complete to the best of my knowledge.

Signature of Parent/Home-Owner/Landlord:

\_\_\_\_\_

Date: \_\_\_\_\_

*A copy of the Parent/Home-Owner/Landlord utility bill MUST accompany this form*